



TEXAS BOARD OF PROFESSIONAL LAND SURVEYING

12100 Park 35 Circle, Building A, Suite 156, MC-230, Austin TX 78753

www.txls.texas.gov

Phone: (512) 239-5263 Fax: (512) 239-5253

Office Use Only
Trans. # (LSLS)
Entity #
Receipt #

Licensed State Land Surveyor Exam: Update Application

Supplemental Application to Take the Examination for Licensure as a Licensed State Land Surveyor

- A. This application is to be submitted only after your initial application has been approved by the Board.
- B. Please print neatly using black ink.
- C. All questions must be answered. Failure to complete any portion of the application will result in the application being returned to the applicant.
- D. Submit the original, completed application to the office of the Board. Applicant should retain a photocopy for their records.
- E. A cashier's check or money order made out to the Board in the amount of **one-hundred and fifty dollars (\$150.00)** must be submitted with this application as your exam fee. This fee must be submitted each time you wish to sit for the exam. **All fees are non-refundable. No cash or personal checks are accepted.**

1. General Information

- 1. **Full Name:**
First _____ Middle _____ Last _____
- 2. Mailing Address _____
City _____ County _____ State _____ ZIP _____
Phone _____ E-mail Address _____
- 3. Firm Name _____ Firm Number _____
Address: _____
City _____ County _____ State _____ ZIP _____
- 4. Present Position _____

2. Other Registrations

- 1. Registration Number as a Registered Professional Land Surveyor in Texas _____
- 2. Registration Date _____
- 3. License Current To _____
- 4. Has your license ever been revoked? _____ If so, specify?

3. Photograph

Attach a recent, passport-type photograph in this box. Trim photograph to fill the space.

Use ballpoint pen to sign and date photograph.

4. PROFESSIONAL SURVEYING EXPERIENCE

APPLICANT SHOULD FILL OUT ALL COLUMNS

DATE		Title of Position; Name of Employer; Character of Work Performed; Responsibility; Location of Each Engagement	Time (Years and Months)			Name and Present Address of Supervisor or Employer (Not Deceased)
From date of Registration as R.P.L.S.	To Present		(1) Total Time (Actual) Yrs. Mos.	(2) From date of Registration as R.P.L.S.	(3) To Present	
TO BE COMPLETED BY APPLICANT – Summary (Actual Time)						

On a separate sheet detail your experience in dealing with the General Land Office and briefly detail your knowledge of the procedure and functions of that office.

5. Certification

I hereby certify under penalty that information contained herein is true and correct to the best of my knowledge, information and belief.

Signed this day the _____ of _____, 20_____.
(day) (month) (year)

Signature

Printed Name